

# Tobacco Control Program

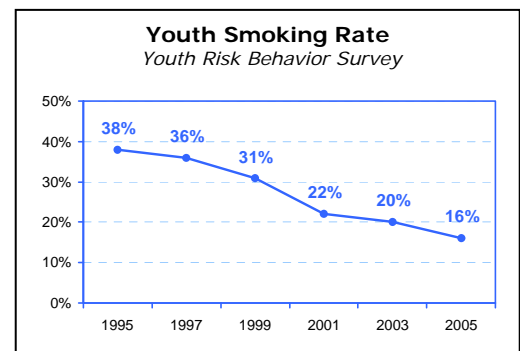
## Key Facts

### The Toll of Tobacco in Vermont

Tobacco is the leading cause of preventable death, killing more people than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides combined. In 2005 nearly 880 Vermont deaths were attributed to smoking. In addition to the lives lost, each year smoking-related illnesses cost the state at least \$183 million dollars, \$66 million of which are Medicaid expenditures.

### Youth

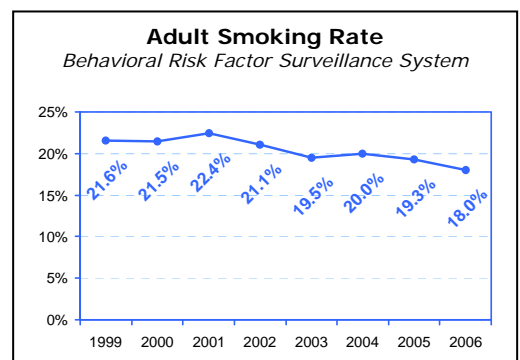
Vermont's youth smoking rate has declined significantly in recent years, dropping by almost half since 1999. In 2005, 16 percent of the 40,000 8<sup>th</sup> to 12<sup>th</sup> grade public school students in Vermont smoked cigarettes on one or more days during the past 30 days, compared to 31 percent in 1999. At this pace, Vermont will likely reach its 2010 goal of 15 percent for youth smoking. In addition to smoking prevalence, other measures are considered:



- Fewer middle school students believe that most high schools students smoke, 27 percent in 2006 compared to 46 percent in 2000.
- 78 percent of students think it's wrong or very wrong for kids their age to smoke.
- 42 percent of youth who identify themselves as Gay, Lesbian, Transgender, Bisexual, Queer or Questioning smoke.
- 36 percent of low socioeconomic status youth smoke.

### Adults & Young Adults

In 2006, the smoking rate among adults age 18+ dropped to an all-time low of 18 percent, compared to 21 percent nationally in 2005. This rate represents 88,000 Vermonters. In addition, nearly half of all smokers reported making at least one serious quit attempt in the last year. While the smoking rate among all adults has gone down, certain age groups are especially affected:



- The 18-24 year old population currently has the highest smoking rate in Vermont, with 27 percent smoking in 2006.
- The 25 -34 year old population has seen a decline in smoking rates, dropping from 28 percent in 2000 to 21 percent in 2006.
- 41 percent of women less than 20 years old who gave birth smoked during pregnancy, compared to 9 percent of women over 30 who gave birth.



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## Disparities and Smoking

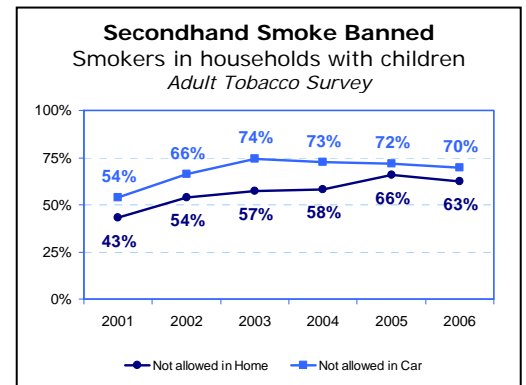
Vermonters with a lower socio-economic status and those with mental health and co-occurring substance abuse issues have some of the highest smoking rates in the state. And the rates for these special populations are not decreasing like other segments of the population. In response to the disparities among these specific populations a new initiative was launched in 2006 to address these two specific populations with particularly high smoking rates.

- 38 percent of Vermont adults with less than a high school education are smokers.
- 44 percent of Vermont adults with moderate to severe depression are smokers.

## Secondhand Smoke Exposure

The rate of secondhand smoke exposure among children in Vermont remains lower than national rates, but these gains have been slipping in recent years. Also, fewer adult smokers and recent quitters think secondhand smoke is harmful.

- In 2006, 89 percent of all adults with children in the household banned smoking in the car with children, compared to 70 percent of current smokers and recent quitters with children.
- In 2006, 86 percent of all adults with children in the household banned smoking, compared to 63 percent of smokers and recent quitters with children.



## Awareness and Use of Services

An important goal for the Vermont Department of Health is to link people with free resources and services to quit smoking. The current data shows that Vermont adults are increasingly aware of activities and cessation resources in their communities. In 2007, the Department of Health added free nicotine patches, gum and lozenges to its host of other resources available to all Vermonters who want to become smoke-free.

- In 2006, 78 percent of current smokers were aware of the Vermont Quit Line.
- In 2006, 59 percent of current smokers were aware of cessation services offered at local hospitals.

## Tobacco Control Policies

Policies, combined with environmental approaches, are proven to change statewide community norms and reinforce positive behavior change. To that end, Vermont has implemented laws and policies that reinforce the goal of helping Vermont reduce its addiction to tobacco. In 1987 Vermont was one of the first states to restrict smoking in the workplace, followed by a ban on smoking in public places, such as restaurants in 1993. In 2005, bars and private clubs were added to the list of public places that prohibit smoking. Research shows an increase in cigarette taxes leads to a reduction in consumption, especially among youth. Based on this evidence, tax increases were approved in 2002 and again in 2006.

## Data

All of the data sources used in this fact sheet can be found on the Vermont Department of Health website ([healthvermont.gov](http://healthvermont.gov)), or for more information contact the Tobacco Control Program at 800-464-4343.

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